

10/529518

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		3		3		
5		4		4		
6		5		5		
7		6		6		
8		7		7		
9	1		1			
10		1		1		
11		2		2		
12		3		3		
13		4		4		
14		5		5		
15		6		6		
16		7		7		
17		8		8		
18		9		9		
19		10		10		
20		11		11		
21	1		1			
22		1		1		
23		2		2		
24		3		3		
25		4		4		
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50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		25	←		←
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						